

**St George's Central CE Primary School Medical Consent Form**

**Thursday 5<sup>th</sup> December 2019– Chester Zoo**

Name of child.	
Date of birth.	
Emergency contact number.	
Doctors name, address and telephone number.	
Does your child have any medical conditions?	
Does your child need any medication, including inhalers? Please ensure your child has the necessary medication with them.	
Does your child have any allergies?	

Signed ..... Date .....

**I GIVE PERMISSION FOR MY CHILD TO RECEIVE THE APPROPRIATE MEDICAL TREATMENT  
IN THE EVENT OF AN EMERGENCY.**